

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

RICHARD HUFFMAN

Name (Print)

1/13/99

Date of Birth

19 AL #4

Housing Location

274714

SBI Number

9-10-07

Date Submitted

Complaint (What type of problem are you having)?

My application Expired today and I would like to be seen by doctor. Also I had blood work done, but haven't heard anything of the results. It has been 4 months.

RICHARD HUFFMAN

Informant Signature

9-10-07

Date

The below area is for medical use only. Please do not write any further.

S:

RECEIVED SEP 13 2007

O:

Temp: _____

Pulse: _____

Resp: _____

B/P: _____

WT: _____

A:

P:

Refer to MD for removal or
not of meds

E:

Return to see
MD Dr 9/13/07.

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#1

MED

263